

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>ACCOUNT OF FIDUCIARY</b> <input type="checkbox"/> _____ <b>Annual</b> <input type="checkbox"/> <b>Final</b> <input type="checkbox"/> <b>Interim</b> <small>Number</small>	<b>FILE NO.</b>
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Estate of \_\_\_\_\_

1. I, \_\_\_\_\_, am the \_\_\_\_\_  
Name Title  
of the estate and submit the following as my account, which covers the period from \_\_\_\_\_  
Month, day, year  
to \_\_\_\_\_ (may not exceed 12 months).  
Month, day, year

COLUMN 1. INCOME AND OTHER RECEIPTS		COLUMN 2. EXPENSES AND OTHER DISBURSEMENTS	
	\$		\$
<b>Total Column 1</b>		<b>Total Column 2</b>	

SEE SECOND PAGE

Do not write below this line - For court use only

2. Balance on hand from last account (or value of inventory, if first account) ..... \$ \_\_\_\_\_
- Add Total Column 1 (Income and Other Receipts) from the other side of this form ..... \$ \_\_\_\_\_
- Subtotal** of Balance on hand and Total Column 1 ..... \$ \_\_\_\_\_
- Subtract Total Column 2 (Expenses and Other Disbursements) from the other side of this form ..... \$ \_\_\_\_\_
- Balance of assets on hand (itemize below) This line must equal the last line in item 3. .... \$ \_\_\_\_\_

3. The balance of assets on hand are:

ITEMIZED ASSETS REMAINING AT END OF ACCOUNTING PERIOD	
	\$
Total balance on hand. This line must equal the last line in item 2.	\$

4. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows:
5. This account lists all income and other receipts and expenses and other disbursements which have come to my knowledge.
6. ☐ a. No Michigan estate tax or inheritance tax is due.
- ☐ b. Michigan estate tax or inheritance tax ☐ is due. ☐ has been paid in full (evidence of full payment from Michigan Department of Treasury is attached).
7. ☐ This account is not being filed with the court.
8. ☐ My fiduciary fees for this accounting period are \$ \_\_\_\_\_. Attached is a written description of the services performed.
9. ☐ Attorney fees for this accounting period are \$ \_\_\_\_\_. Attached is a written description of the services performed.

I declare under the penalties of perjury that this account has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

		Date _____	
Attorney signature _____		Fiduciary signature _____	
Attorney name (type or print) _____ Bar no. _____		Fiduciary name (type or print) _____	
Address _____		Address _____	
City, state, zip _____	Telephone no. _____	City, state, zip _____	Telephone no. _____

For accounts that must be filed with the court.

**NOTICE TO INTERESTED PERSONS**

1. You must bring to the court's attention any objection you have to this account. The court will not review the account otherwise.
2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$15.00 filing fee to the court when you file the objection.
4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.